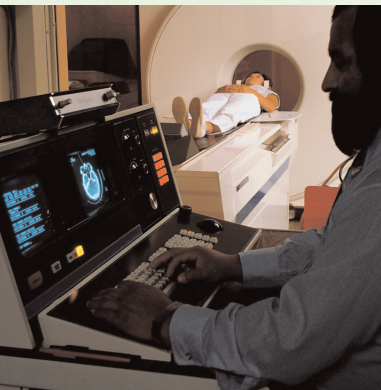


# RHODE ISLAND COMMERCIAL HEALTH PLANS' PERFORMANCE REPORT --- 2002



Health Quality Performance Measurement

***“RI Commercial Health Plans’ Performance Report (2002)”***

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## I: Executive Summary

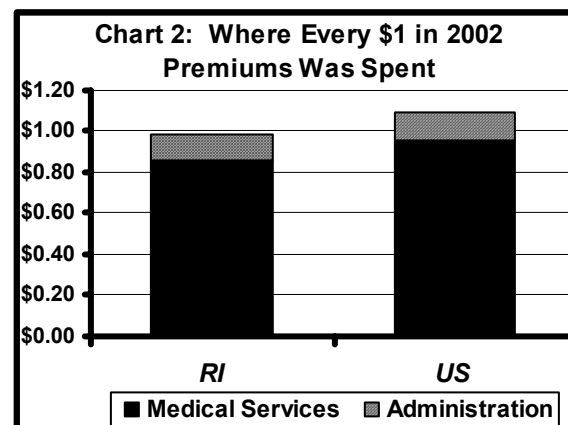
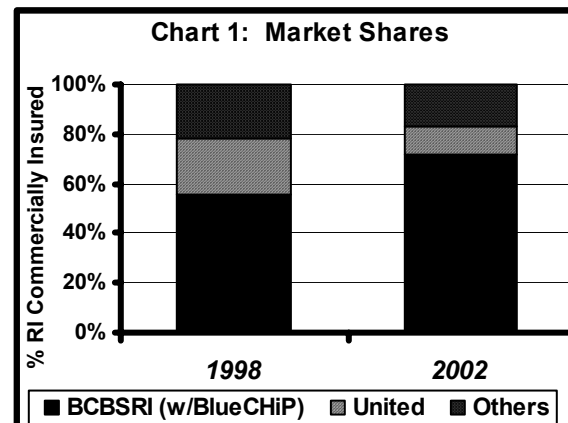
The Health Care Accessibility and Quality Assurance Act passed by the General Assembly in 1996 instituted Health Plan performance reporting in Rhode Island. Since then, RI has become a national leader in this field.<sup>1</sup> 2002 was the fifth year for which data were collected and this Report details those findings and presents comparative performance information, both over time and to national and regional benchmarks.

With the small number of Plans in the State<sup>2</sup> and the market dominance of Blue Cross & Blue Shield of RI (BCBSRI), most Rhode Islanders have limited choice of carrier. The lack of selective contracting also means that most Plans provide services through the same network of providers (i.e., the same physicians, hospitals and other providers participate in all Plans). Therefore, the real value in publishing this information is less in aiding consumer choice in selecting a Plan and more in fostering accountability of the industry. Purchasers deserve to know how well the Plans are performing and policy makers need empirical evidence to set effective policy. An added benefit of performance measurement is that performance will improve if for no other reason than the results are publicly reported.

The majority of all Rhode Islanders (57%) are commercially insured. This Report analyzes the four largest Health Plans in the state, which together cover 88% of RI's commercially insured population. A companion publication on Medicare and Medicaid Plans (the *RI Medicare & Medicaid Health Plans' Factbook –2002*) will follow.

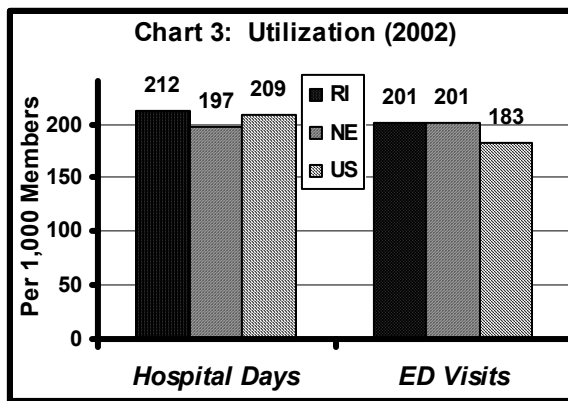
Commercial health insurance market shares are becoming more concentrated (Chart 1). In 1998 there were three large Plans and a host of smaller carriers. BCBSRI (with BlueChiP) controlled slightly more than half of the market (56%). By 2002, BCBSRI had a 71% market share, with United and other smaller Plans serving the remainder.

Statewide profitability peaked in 2000 (4.4%), and declined to 2.2% in 2002. However, RI Plans remained much more profitable than their national peers in 2002 (2.2% versus -6.7% nationally). Three factors accounted for this situation. Monthly premiums were 41% higher in RI (\$226 versus \$160), and expenses were less (Chart 2). In 2002, RI Plans spent \$0.86 of each premium dollar on medical services compared with \$0.96 in the

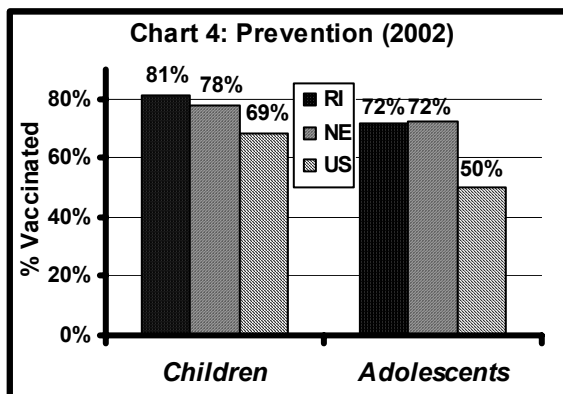


<sup>1</sup> *The State of the Art in Health Plan Performance Reporting*, Kingsley J., Cryan B., HEALTH, 3/02

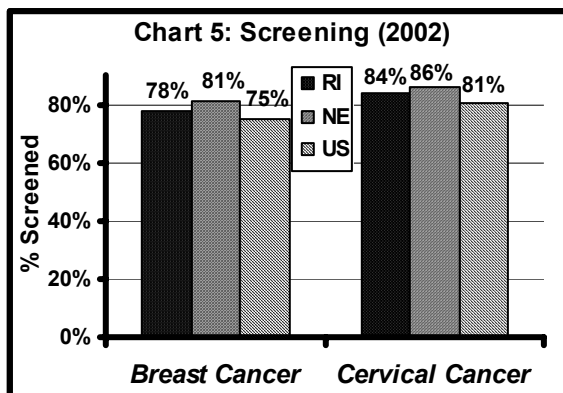
<sup>2</sup> Plans with 10,000+ RI members: Blue Cross & Blue Shield of RI (BCBSRI), Coordinated Health Partners (its wholly owned subsidiary), UnitedHealthcare –NE (United), and Blue Cross -MA



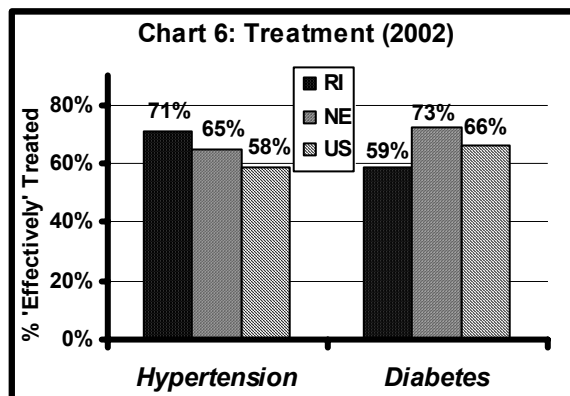
to regional patterns, and +11% higher than those in the US. ED use, in which the patient is not ultimately admitted, continues an interesting pattern. RI's rates remained flat over



the period (1998-2002), while the national and regional benchmarks increased. In 1998 RI's rate was +40% and +50% higher than the NE and US rates, respectively. But by 2002, RI's ED utilization was equivalent to the regional rate and only +10% higher than the US rate.



Rhode Island Plans excelled at providing preventive services for their members (Chart 4). Vaccination to prevent disease is the most cost-effective healthcare activity available. RI immunization rates for children and adolescents far exceeded those across the country (+19% and +43% higher, respectively) and were similar to the rates in New England. The fact remains, however, that almost 20% of children and 30% of adolescents were not receiving the vaccinations within the recommended timeframes, even though the statewide performance on this measure improved +2% annually for children and +15% annually for adolescents.



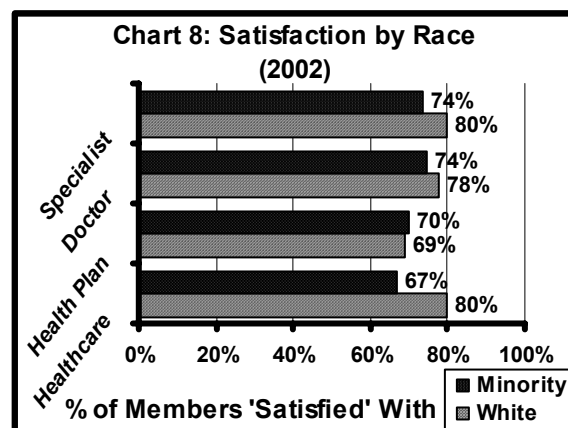
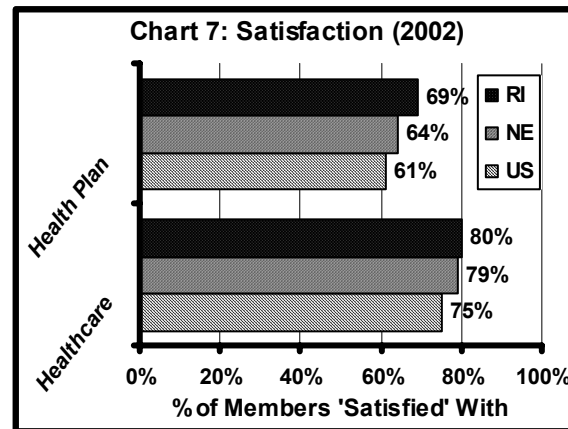
RI Plans' relative performance in disease screening services for their members was unremarkable (Chart 5). Screening for disease enables early detection and, especially in the case of cancer, better clinical outcomes. In 2002, RI rates were consistent with both the regional and national benchmarks. However, RI Plans were able to improve their screening scores more quickly than Plans elsewhere.

RI Plans had mixed results at providing 'effective' treatments to their members for a variety of ailments (Chart 6). 'Effective' in this

case means that the underlying disease was under control. RI's 2002 treatment rate for hypertension was superior, +10% above the regional and +21% above the national rates. In addition, RI Plans improved their performance +15% annually, versus +10% and +6% for regional and national Plans, respectively. Treatment for Diabetes was another matter. The 2002 RI rate was -23% below the NE rate and -12% below the US rate. Even though RI Plans improved diabetes treatment +38% since 2001, over 40% of this population may still be at risk for stroke and renal failure. Therefore, this low treatment rate should be addressed.

Rhode Islanders were generally satisfied with their Health Plans and their healthcare (Chart 7). RI's healthcare satisfaction rate was similar to the regional rate, and +7% higher than the national rate. RI's Health Plans satisfaction rate was higher than both the regional (+8%) and national Plans (+13%). Over the period (1999-2002), however, local satisfaction rates were flat while those elsewhere were improving. Interestingly, regardless of location, members were more satisfied with their healthcare services than with the Health Plans themselves.

In 2002, Minorities members were as satisfied as White members with their Health Plans and about as satisfied with their doctors (Chart 8). However, Minorities were 7% less satisfied than Whites with their specialists, and -16% less satisfied with their overall healthcare.



The real utility in these analyses is in benchmarking performance and promoting quality within the industry. The maxim, *'you can't improve what you can't measure'* holds true.

## ***II: Introduction***

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Increasingly, the public, purchasers, providers, and policy makers are seeking meaningful information about Health Plans. This Report provides the most comprehensive public source of data on Health Plans certified to operate in Rhode Island.<sup>3</sup> Consumers and purchasers may use this information to make better choices among competing Plans or to understand their chosen Plan better. The Plans themselves now have comparative statistics to identify and focus improvement efforts. Policy makers may use this empirical data to inform their decision-making.

### **A. Background**

Not all Health Plans are identical. They differ in how they keep members well and how they care for them when they are ill. They also differ in how they provide access to and deliver services. Most Rhode Islanders receive their health coverage through the four commercial Health Plans in this Report, so learning about how they perform is essential to determining if value is received from the premium dollars expended. Consequently, in response to this need for information, the Rhode Island General Assembly passed the Health Care Accessibility and Quality Assurance Act (RIGL 23-17.13) in 1996. One stipulation of this law was that Health Plans submit performance data to the Department of Health (HEALTH).

To consumers, the cost, quality, and access to care provided by a Plan may affect their health. To employers, these same issues may influence worker absenteeism, productivity and the company's personnel costs.

The *RI Commercial Health Plans' Performance Report (2002)* is the fifth annual publication of this information. HEALTH is committed to improving this product, and welcomes all input. For further information please contact HEALTH's Office of Performance Measurement. To inspect the actual 2002 Health Plan filings, please contact HEALTH's Office of Managed Care Regulation. For more information on choosing a particular commercial Health Plan, readers are referred to the following Web site: <http://hprc.ncqa.org/>.

### **B. How to Use This Information**

The Report is divided into Sections containing similar dimensions of performance. Section III examines enrollment and market share. Section IV provides financial data, and Section V compares utilization statistics. Section VI looks at prevention measures, and Section VII provides screening information. Section VIII looks at treatment statistics and Section IX shows access measures. Lastly, Section X gives the results of member satisfaction surveys, and Section IX assesses utilization review statistics. Whenever possible, National (U.S.) and Regional (New England) benchmarks are provided to assess the State's performance relative to these other peer groups.

This Report examines commercial Health Plans only. Similar information on Medicare and Medicaid Plans will be presented in a separate publication (the *RI Medicare &*

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<sup>3</sup> Includes full-service Health Plans (excludes vision & dental Plans) with 10,000+ RI members (i.e., BCBSRI, BlueCHIIP, UnitedHealthcare –NE, Blue Cross –MA)

*Medicaid Health Plans' Factbook –2002*). Different users will use this Report in different ways, however, the following guidelines should help improve its utility.

- **No one measure in and of itself can truly reflect Health Plan performance.** Therefore, the statistics should be viewed in combination and not in isolation.
- **Readers should focus on large differences between Health Plans** that are less likely to be caused by random chance.
- **Readers should recognize there may be reasons why results vary other than differences in quality or administration.** Every Plan enrolls a distinct set of members with unique demographic factors that could affect performance (e.g., age, health status, race/ethnicity, socioeconomic status). In addition, differences in covered benefits may also influence outcomes.
- **This Report examines all types of Health Plans (HMOs and PPOs).** HMOs are legally defined and, generally, use provider networks to deliver care through the member's primary care provider. In addition, they may employ a variety of managed care techniques<sup>4</sup> to coordinate care and control costs. Other types of Plans may use these exact same techniques but are not defined the same way legally, so this distinction becomes less apparent and important.
- **This Report excludes Plans with fewer than 10,000 RI members.** These Plans are fairly inconsequential competitors in the RI marketplace at this time, and to reduce their reporting burden, they are exempt from filing.
- **Unless otherwise stated,** all comparable benchmark data (i.e., New England and United States) are from Quality Compass (National Committee for Quality Assurance), the Rhode Island statistics are the weighted averages (based on RI enrollment) of all Plans' values, and the CAGR statistic refers to the Compounded Annual Growth Rates.
- **Finally, the Health Plans certified that the information they provided is complete and correct.** Not all of the enrollment and financial data have been independently audited so they are presented "as-filed".

### III: Enrollment

This Section compares Health Plan membership information, including market shares. Additional enrollment measures are in the Appendix (A1–A4).

**A. RI Enrollment** is the computed RI resident enrollment in a Health Plan for the full year<sup>5</sup> (Table 1). Increasing enrollment over time is important both in terms of "growing the business" and maintaining or increasing market share.

TABLE 1. RI Enrollment						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI	296,033	285,150	320,928	337,787	336,615	3%
BlueCHiP	32,664	45,438	69,165	66,412	67,182	20%
UnitedHealthcare -NE	134,853	107,130	113,890	84,842	65,258	-17%
Blue Cross -MA			20,826	27,594	27,732	15%
All Other Commercial Health Plans	126,320	129,388	37,748	42,989	68,732	-14%
<b>Rhode Island (total)</b>	<b>589,870</b>	<b>567,106</b>	<b>562,557</b>	<b>559,625</b>	<b>565,519</b>	<b>-1%</b>

<sup>4</sup> e.g., 'gatekeepers', second opinions, formularies, restricted networks, etc.

<sup>5</sup> This statistic is calculated by dividing the RI Resident Member Months by 12.

Blue Cross & Blue Shield of RI (BCBSRI) remained, by far, the largest commercial insurer with 337,000 RI members (a 3% average annual increase in membership from 1998). Following, was BlueCHiP with 67,000 and United with 65,000 RI members. BlueCHiP became the second largest commercial insurer in the state in 2002. Finally, Blue Cross –MA reported almost 28,000 RI members in 2002.

**B. RI Market Shares** calculates each Plan's percentage of the total RI enrollment (Table 2). In many respects, market share is more important than simple enrollment (although the two are related). It is possible in a shrinking market for a Plan's enrollment to decline while its market share increases. Market share, to a large extent, determines how competitive a company can be and how much control it can exert over its market.

<b>TABLE 2. RI Market Shares (% of total RI enrollment)</b>						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI	50.2%	50.3%	57.0%	60.4%	59.5%	4%
BlueCHiP	5.5%	8.0%	12.3%	11.9%	11.9%	21%
UnitedHealthcare -NE	22.9%	18.9%	20.2%	15.2%	11.5%	-16%
Blue Cross -MA			3.7%	4.9%	4.9%	15%
All Other Commercial Health Plans	21%	23%	7%	8%	12%	-13%
<b>Rhode Island (total)</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>---</b>

Blue Cross & Blue Shield of RI and its wholly owned subsidiary BlueCHiP controlled 71% of the commercial market in 2002, up from 56% in 1998. United followed with 12% although it lost market share each year since 2000, and Blue Cross –MA remained steady at 5%.

## ***IV: Finances***

This Section allows readers to compare information on Health Plan operations. Included are the average costs of the Plans (i.e., premium revenue), how profitable they were, and how much they spent on healthcare services and administration. Additional financial measures are in the Appendix (A5-A11).

**A. Premium Revenue** is the average monthly amount a Health Plan receives in payment for each member (Table 3). This is the average cost to payors for covering one member for one month. Care should be taken in comparing these statistics between Plans. One Plan may be less expensive than another but that doesn't necessarily mean it is a better value. Different Plans may have different benefits, co-pays or deductibles. Therefore, the total healthcare cost for a member in a less expensive Plan may actually be greater than a more expensive Plan that has fewer co-pays, lower deductibles and more covered services the member needs. In addition, these amounts are averages based on each Plan's whole book of commercial business which itself varies by the benefits included, the enrollment underwritten and the experience rating of those covered.

<b>TABLE 3. Premium Revenue (per member per month)</b>						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI	\$149	\$174	\$195	\$211	\$231	12%
BlueCHiP	\$133	\$141	\$164	\$182	\$205	11%
UnitedHealthcare -NE	\$132	\$148	\$177	\$199	\$222	14%
Blue Cross -MA			\$176	\$199	\$223	13%
<b>Benchmarks</b>	<b>Rhode Island</b>	\$143	\$164	\$186	\$204	12%
	<b>United States<sup>1</sup></b>	\$120	\$126	\$143	\$150	8%

<sup>1</sup> Source: "Best's Aggregates & Averages -2003", AM Best Co., 1998 - 2001 data are for HMOs only, 2002 data are for the total US Health and HMO industry

Statewide, the average cost of Health Plans rose 12% annually since 1998, compared to 8% for national Plans. In addition, in 1998, RI Plans were 19% more expensive than US Plans, but that difference increased to 41% in 2002. Blue Cross & Blue Shield of RI, a Preferred Provider Organization (PPO), continued to cost more than the other HMO Plans. PPOs historically sell at a premium to HMOs.

**B. Medical Expense Ratios** are the percentage of total premium revenue received that a Health Plan spends on healthcare services for its members (Table 4). Consumers generally favor a high Medical Expense Ratio because it indicates a greater portion of their premium dollars are going into their healthcare. However, a lower Medical Expense Ratio does not necessarily imply that a Plan restricts access to healthcare. It could mean that the Plan's members are less ill (i.e., need less services) or that the Plan is more effective at managing care for its enrollees (all else being equal).

<b>TABLE 4. Medical Expense Ratios (% of premiums)</b>					
	1998	1999	2000	2001	2002
Blue Cross & Blue Shield of RI	87.8%	84.8%	84.5%	86.5%	88.1%
BlueCHiP	95.7%	92.5%	84.8%	81.8%	84.1%
UnitedHealthcare -NE	97.7%	87.1%	82.5%	82.6%	79.4%
Blue Cross -MA			84.5%	85.9%	85.9%
<b>Benchmarks</b>	<b>Rhode Island</b>	91.2%	86.2%	84.1%	85.2%
	<b>United States<sup>1</sup></b>				95.9%

<sup>1</sup> Source: "Best's Aggregates & Averages -2003", AM Best Co.

Medical Expense Ratios increased slightly in 2002 but remained 9% below the national rate. The rise in the 2002 statewide Medical Expense Ratio combined with the 11% increase in premiums that year, means that RI Plans spent more in absolute and relative terms, on healthcare services.

**C. Administrative Overhead** is the amount spent on operating the Health Plan, managing its investments, and marketing its products expressed as a percentage of premiums (Table 5). Most overhead expenses are fixed, so controlling them is essential.

<b>TABLE 5. Administrative Overhead (% of premiums)</b>					
	1998	1999	2000	2001	2002
Blue Cross & Blue Shield of RI	14.6%	12.9%	10.7%	11.2%	10.8%
BlueCHiP	21.6%	16.2%	11.7%	12.9%	13.7%
UnitedHealthcare -NE	15.0%	11.7%	12.3%	12.3%	14.8%
Blue Cross -MA			13.1%	12.2%	11.6%
<b>Benchmarks</b>	<b>Rhode Island</b>	15.2%	13.0%	11.3%	11.6%
	<b>United States<sup>1</sup></b>				12.9%

<sup>1</sup> Source: "Best's Aggregates & Averages -2003", AM Best Co.

The statewide administrative overhead increased marginally in 2002, but remained 9% lower than the US rate.

**D. Profit Margin** is the bottom-line net income expressed as a percentage of total operating revenue (Table 6). This statistic reflects the financial solvency of a Health Plan. Members depending on a financially weak Plan may find themselves with reduced coverage, less access to providers, and compromised customer service. Likewise, providers may experience delinquent payments or outright default from a troubled Plan.

<b>TABLE 6. Profit Margins</b>					
	1998	1999	2000	2001	2002
Blue Cross & Blue Shield of RI		3.1%	4.3%	2.7%	1.7%
BlueCHiP		-6.7%	5.1%	5.3%	2.9%
UnitedHealthcare -NE		0.8%	4.6%	4.6%	4.0%
Blue Cross -MA			3.1%	2.7%	1.9%
<b>Benchmarks</b>	<b>Rhode Island</b>	1.5%	4.4%	3.3%	2.2%
	<b>United States<sup>1</sup></b>				-6.7%

<sup>1</sup> Source: "Best's Aggregates & Averages -2003", AM Best Co.

In 2000 there was a significant increase in net income, with every Plan posting a profit. However, there were statewide profitability declines since 2000. 2002 profitability was considerably higher in RI than nationally due to 41% greater premium revenue, 10% less spent on services, and 9% lower operating costs (noted above).

## V: Utilization

This Section gives HEDIS<sup>6</sup> information on the services a Health Plan provides to its members.

**A. Hospital Discharges** are the average number of acute-care hospital discharges (excluding substance abuse, mental health and newborn discharges) used by every 1,000 members in a Plan (Table 7).

<sup>6</sup> HEDIS (Health Plan Employer Data and Information Set) is a set of performance measures for the managed care industry, administered by the National Committee for Quality Assurance (NCQA)

TABLE 7. Hospital Discharges (per 1,000 members)							
		1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		45.7	45.0	45.6	49.7	53.7	4%
BlueCHIP		45.4	44.4	47.1	47.4	53.2	4%
UnitedHealthcare -NE		44.4	43.2	48.2	55.5	47.7	2%
Blue Cross -MA				46.3	47.0	48.3	2%
Benchmarks	Rhode Island	45.3	44.5	46.4	50.2	52.5	4%
	New England	47.5	46.5	48.1	50.2	50.3	1%
	United States	51.7	52.8	53.9	56.8	57.1	3%

RI's hospital discharge rate increased an average of 4% per year and ended the period slightly higher than with the New England rate. From 1998-2002, both RI's and NE's discharge rates were significantly lower than the national rates.

**B. Hospital Days** are the average number of acute-care hospital days used by every 1,000 members in a Plan (Table 8). Excluded are substance abuse, mental health and newborn days.

TABLE 8. Hospital Days (per 1,000 members)							
		1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		202	193	187	205	214	1%
BlueCHIP		185	185	183	194	226	5%
UnitedHealthcare -NE		178	171	186	210	193	2%
Blue Cross -MA				201	200	206	1%
Benchmarks	Rhode Island	194	186	187	204	212	2%
	New England	178	175	179	196	197	2%
	United States	188	190	194	211	209	3%

Hospital day utilization increased at a slower rate in RI than nationally, bringing the state more in line with the US experience. However, RI's day utilization continued to exceed the regional rate by 8%.

**C. Average Length of Stay** is the average number of inpatient days for each acute-care hospital admission (Table 9).

TABLE 9. Average Length of Stay							
		1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		4.4	4.3	4.1	4.1	4.0	-2%
BlueCHIP		4.1	4.2	3.9	4.1	4.3	1%
UnitedHealthcare -NE		4.0	4.0	3.9	3.8	4.1	1%
Blue Cross -MA				4.3	4.3	4.3	0%
Benchmarks	Rhode Island	4.3	4.2	4.0	4.1	4.1	-1%
	New England	3.8	3.8	3.7	3.9	3.9	1%
	United States	3.7	3.6	3.6	3.7	3.7	0%

From 1998-2002, RI Health Plans reduced their lengths of stay, however, the statewide statistic ended the period 11% longer than the national cohort (4.1 versus 3.7 days). One cannot conclude if RI's comparatively longer stays were necessary without knowing the complexity (i.e., case-mix) of its patients compared to patients elsewhere.<sup>7</sup>

<sup>7</sup> Only Medicare case-mix data are available ("The comparative Performance of U.S. Hospitals –The Sourcebook", HCIA Sacks or the "Almanac of Hospital Financial & Operating Indicators", Ingenix)

**D. ED Visits** is the number of visits to the Hospital Emergency Department (that did not result in the patient being admitted) for every 1,000 members in a Plan (Table 10). Emergency rooms are often used to provide non-emergent care that could be delivered more cost-effectively and more properly elsewhere.

TABLE 10. ED Visits (per 1,000 members)							
		1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		221	214	216	198	203	-2%
BlueCHIP		196	149	187	187	196	0%
UnitedHealthcare -NE		167	153	175	177	195	4%
Blue Cross -MA				187	210	202	4%
Benchmarks	Rhode Island	204	192	202	194	201	0%
	New England	146	153	172	192	201	8%
	United States	136	146	165	176	183	8%

RI's ER utilization rate ended the period consistent with New England's rate but 10% higher than the national rate. This is a favorable change from 1998 when RI's rate was 40% greater than the New England cohort and 50% greater than the national cohort.

## VI. Prevention

This Section contains HEDIS measures that look at how effectively a Plan delivers preventive services to keep its members healthy.

**A. Childhood Immunization** is the percentage of children in the Plan who received the appropriate immunizations<sup>8</sup> by age 2 (Table 11). As immunizations protect children against preventable and sometimes devastating disease, they are one of the most cost-effective examples of high-quality primary care.

TABLE 11. Childhood Immunization							
		1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		74.2%	74.9%	74.9%	72.3%	83.0%	3%
BlueCHiP		71.7%	74.8%	74.8%	71.5%	80.6%	3%
UnitedHealthcare -NE		78.0%	63.5%	80.5%	80.5%	70.3%	-3%
Blue Cross -MA				89.1%	89.1%	87.6%	-1%
Benchmarks	Rhode Island	75.1%	72.1%	76.7%	74.4%	81.3%	2%
	New England	77.3%	75.8%	79.7%	80.5%	78.0%	0%
	United States	65.7%	65.5%	68.6%	70.1%	68.6%	1%

2002 immunization rates improved overall with the statewide metric 19% higher than the national rate. United was the only outlier (on the low side), and its performance declined almost 13% in 2002.

**B. Adolescent Immunization** is the percentage of adolescents (turning 13) who received the appropriate immunizations<sup>9</sup> (Table 12). Adolescent immunizations are a proven defense against common, serious and transmissible diseases such as Hepatitis B, measles, mumps and rubella.

<sup>8</sup> includes: four DPT or DtaP vaccinations and three OPV or IPV vaccinations and one MMR and three HIB vaccinations, and three hepatitis B vaccinations

<sup>9</sup> includes: the second MMR and three hepatitis B vaccinations

**TABLE 12. Adolescent Immunization**

	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		49.6%	49.6%	62.3%	71.8%	13%
BlueCHIIP		44.1%	44.1%	64.7%	80.5%	22%
UnitedHealthcare -NE		44.0%	65.9%	65.9%	58.4%	10%
Blue Cross -MA			58.6%	58.6%	80.5%	17%
<b>Benchmarks</b>	Rhode Island	47.7%	52.8%	63.0%	71.7%	15%
	New England	43.9%	48.7%	60.6%	72.2%	18%
	United States	31.0%	37.1%	44.8%	50.1%	17%

RI Health Plans improved their performance on this measure, albeit at a slower rate than regional or national Plans. Even so, RI's 2002 rate was 43% higher than the national rate. United, again was an outlier (on the low side), and its performance declined 11% in 2002.

**C. Advising Smokers to Quit** is the percentage of members (age 18+) who are smokers or recent quitters who received advice to quit (Table 13). Smoking is the leading preventable cause of death in the nation (400,000 deaths per year).

**TABLE 13. Advising Smokers to Quit**

	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI	56.3%		76.3%	76.3%	72.9%	7%
BlueCHIIP	69.1%		75.6%	75.6%	69.5%	0%
UnitedHealthcare -NE	76.0%		75.3%	n/a	39.2%	-15%
Blue Cross -MA			70.2%	71.0%	70.5%	0%
<b>Benchmarks</b>	Rhode Island	62.9%	75.8%	75.8%	67.9%	2%
	New England	72.4%	71.8%	71.8%	73.3%	0%
	United States	63.7%	66.2%	66.2%	67.7%	2%

RI' relative position on this measure worsened in 2002 to one equivalent to the national rate and 7% lower than the regional rate. Once again, United, was an outlier (on the low side), however, every Plan experienced declines in 2002.

## VII. Screening

This Section contains HEDIS measures that examine how effectively a Plan screens its members for possible medical problems. Additional screening measures are reported in the Appendix (A12 & A13).

**A. Breast Cancer Screening** is the percentage of women members (age 52-69) who had a mammogram within the last two years (Table 14). Breast cancer is the second most prevalent cancer among women (180,000 new cases per year), and mammography screening reduces mortality 20-30%.

**TABLE 14. Breast Cancer Screening**

	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI	70.4%		74.8%	76.2%	76.9%	2%
BlueCHIIP	73.8%		72.0%	76.0%	80.4%	2%
UnitedHealthcare -NE	77.0%		76.8%	78.5%	78.4%	0%
Blue Cross -MA			80.0%	80.0%	81.5%	1%
<b>Benchmarks</b>	Rhode Island	72.6%	75.1%	76.8%	77.8%	2%
	New England	76.2%	79.0%	81.4%	80.8%	1%
	United States	72.3%	74.5%	75.9%	74.9%	1%

From 1998-2002, RI's screening rate did not change appreciably, and it ended the period relative to where it began, slightly above the US rate and slightly below the regional rate.

**B. Cervical Cancer Screening** is the percentage of women (21-64) who received a Pap test within three years. Over 4,000 women die each year from cervical cancer and Pap tests are the primary method for early detection.

TABLE 15. Cervical Cancer Screening						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI			79.9%	79.9%	82.6%	2%
BlueCHiP			84.2%	84.2%	87.5%	2%
UnitedHealthcare -NE			80.1%	80.9%	82.9%	2%
Blue Cross -MA			85.9%	85.9%	89.0%	2%
<b>Benchmarks</b>	Rhode Island		80.8%	80.9%	83.7%	2%
	New England		83.6%	85.7%	85.7%	1%
	United States		78.9%	81.2%	80.5%	1%

RI's performance on cervical cancer screening was similar to that on breast cancer. The RI's rates were essentially flat over the period and relatively higher than the US rate and lower than the NE rate.

**C. Diabetes Care –Eye Exam Screening** is the percentage of members (age 18 through 75) with diabetes that received an eye exam for retinal disease (Table 16). Diabetes is the leading cause of adult blindness in the US, so regular examinations are important to diagnose problems as early as possible.

TABLE 16. Diabetes Care -Eye Exam Screening						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		47.4%	42.8%	51.3%	51.6%	3%
BlueCHiP		52.3%	40.4%	57.9%	61.3%	5%
UnitedHealthcare -NE		48.9%	54.7%	63.0%	56.0%	5%
Blue Cross -MA			62.5%	65.0%	63.5%	1%
<b>Benchmarks</b>	Rhode Island		48.3%	45.9%	54.8%	4%
	New England		57.1%	59.2%	64.6%	3%
	United States		45.4%	48.4%	51.7%	4%

RI Plans increased their performance on this measure, but the statewide statistic remained 13% below the NE benchmark in 2002. In addition, the low absolute values both locally and nationally, illustrate the need for further improvement in eye screening.

## **VIII. Treatment**

This Section contains HEDIS measures that look at the clinical quality of care provided within a Health Plan, how well it treats its members who are ill and whether that care is effectively managing the disease. An additional treatment measure is reported in the Appendix (A14 & A15).-

**A. Controlling High Blood Pressure** is the percentage of hypertensive members (age 46-85) whose blood pressure was under control (Table 17). Approximately 30% of the

adult population has hypertension and control of this disease can reduce mortality from stroke, heart disease and renal failure.

**TABLE 17. Controlling High Blood Pressure**

	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		52.9%	60.1%	60.1%	74.2%	12%
BlueCHiP		51.1%	61.8%	61.8%	69.9%	11%
UnitedHealthcare -NE		26.7%	49.4%	63.3%	55.5%	28%
Blue Cross -MA			57.2%	57.2%	67.7%	9%
<b>Benchmarks</b>	Rhode Island	46.3%	57.9%	60.7%	70.8%	15%
	New England		n/a	60.3%	64.6%	10%
	United States		n/a	55.8%	58.4%	6%

RI Plans performed quite favorably on this measure. They improved at a faster rate than elsewhere and increased the performance gap from the regional (+10% better) and national benchmarks (+21% better). In spite of posting the largest increases in the state, United ended the period with a low outlier value of 56%.

**B. Diabetes Care –HbA1c Controlled** is the percentage of diabetic members (age 18-75) whose blood sugar was under control (i.e., <9.5%, Table 18). This statistic is the complement of the HEDIS Diabetes Care –HbA1c Not Controlled statistic. Diabetes affects approximately 16 million Americans and causes 20% of all deaths in adults over 25. In addition, its complications (amputations, kidney failure, blindness) may be prevented if diagnosed and addressed early.

**TABLE 18. Diabetes Care -HbA1c Controlled<sup>1</sup>**

	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI				36.0%	56.2%	56%
BlueCHiP				44.5%	68.9%	55%
UnitedHealthcare -NE				59.6%	55.5%	-7%
Blue Cross -MA				66.4%	74.2%	12%
<b>Benchmarks</b>	Rhode Island			42.6%	58.8%	38%
	New England			67.0%	72.5%	8%
	United States			63.7%	66.1%	4%

<sup>1</sup> This statistic is the complement of the HEDIS Diabetes Care -HbA1c NOT Controlled statistic (e.g., if the NOT Controlled value is 45%, this metric is 55% (i.e., the complement of 45%))

RI Plans performed poorly on this measure in relation to the national (-12% lower) and regional (-23% lower) benchmarks. However, they also made greater improvement since 2001 (+38% in RI, vs. +4% in the US and +8% in the NE). Blue Cross –MA was an outlier, with a favorably high value of 74%.

**C. Antidepressant Medication Management** is the percentage of depressed members (age 18+) receiving medication and at least three provider contacts within 12 weeks (Table 19). While not directly life threatening, depression is a major quality of life factor. In addition, it has huge social costs in terms of absenteeism and productivity.

**TABLE 19. Antidepressant Medication Management**

	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI				25.7%	23.4%	-9%
BlueCHiP				21.9%	19.6%	-11%
UnitedHealthcare -NE				25.3%	25.3%	0%
Blue Cross -MA				30.0%	38.7%	29%
<b>Benchmarks</b>	Rhode Island			25.4%	24.0%	-5%
	New England			25.8%	26.2%	2%
	United States			20.6%	19.2%	-7%

RI's low values on this measure were matched by equally low benchmarks, so the state did relatively well at least when compared to the national rate (+25% higher). However, a situation where 3 of 4 patients are not getting the recommended treatment regimen is not favorable.

## IX. Access

The HEDIS measures in this Section examine if members are obtaining needed services from the healthcare system. Access is one of the most difficult concepts to measure. It means more than healthcare services are available. Access means the right patients get the right care in the right amounts at the right time. Most of these measures are proxies for gauging access to particular services. Additional access measures are included in the Appendix (A16-A19).

**A. Follow-up for Mental Illness** measures the percentage of members (age 6+) who were discharged and received a practitioner, follow-up mental health visit within 30 days (Table 20). Follow-up to hospitalization for mental illness is important to transitioning the patient out of the inpatient setting and for evaluating medications.

TABLE 20. Follow-up for Mental Illness (access)						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI			61.6%	68.7%	69.7%	6%
BlueCHIIP			67.6%	65.5%	65.8%	-1%
UnitedHealthcare -NE			82.4%	72.6%	73.7%	-5%
Blue Cross -MA			86.9%	86.9%	89.4%	1%
Benchmarks	Rhode Island		67.9%	69.9%	70.8%	2%
	New England		79.2%	81.4%	81.4%	1%
	United States		70.3%	72.2%	73.6%	2%

RI Plans preformed poorly on this measure when compared to national and regional Plans. This could be due to a relative lack of behavioral health providers, poor coordination of care, or inadequate insurance coverage, any of which could limit access.

**B. Prenatal Care Access** measures the percentage of women who delivered a live birth and had a prenatal visit in the first trimester (Table 21). Prenatal care is preventive care, both in terms of avoiding poor outcomes and preparing the woman to become a mother.

TABLE 21. Prenatal Care Access						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI			83.7%	83.7%	82.8%	-1%
BlueCHIIP			91.8%	91.8%	93.2%	1%
UnitedHealthcare -NE			91.9%	87.1%	81.3%	-6%
Blue Cross -MA			96.7%	96.7%	98.0%	1%
Benchmarks	Rhode Island		87.1%	86.0%	84.9%	-1%
	New England		91.9%	93.7%	92.7%	0%
	United States		85.3%	87.4%	86.7%	1%

Again, RI Plans preformed poorly on this measure when compared to the national and regional benchmarks. Again, this could be due to a relative lack of providers, poor coordination of care, or inadequate insurance coverage, any of which could limit access.

**C. Substance Abuse Access** is the percentage of members receiving substance abuse treatment services during the year (Table 22). Substance abuse is very expensive in terms of personal and societal costs. Treatment, even considering recidivism rates, remains a cost-effective response to this disease.

TABLE 22. Substance Abuse Access (utilization)						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI	1.00%	0.70%	0.80%	0.81%	0.80%	-5%
BlueCHiP	1.60%	0.70%	0.80%	0.78%	0.80%	-16%
UnitedHealthcare -NE	0.20%	0.50%	0.50%	0.50%	0.60%	32%
Blue Cross -MA			0.40%	0.39%	0.50%	12%
Benchmarks	Rhode Island	0.81%	0.65%	0.72%	0.73%	-2%
	New England	0.43%	0.40%	0.51%	0.51%	3%
	United States	0.34%	0.30%	0.34%	0.37%	2%

RI substance abuse access continued to outpace both the regional rate (+54% higher) and the national rate (+105% higher). However, without knowing the comparative incidence rates for substance abuse and the actual utilization of services, one cannot conclude that access to appropriate care was any better in RI than elsewhere, only that a greater percentage of RI members used these services at least once.

## X: Satisfaction

This Section provides CAHPS<sup>10</sup> information on the percentage of members who were satisfied with their experience of care, and statewide satisfaction rates by racial status and by healthcare use. Additional satisfaction measures are included in the Appendix (A20–A27).

**A. Ratings of Healthcare** are the percentages of members indicating overall satisfaction with all of the healthcare services received in the past year (Table 23).

TABLE 23. Members' Satisfaction with Healthcare						
	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		81.2%	82.8%	80.1%	80.3%	0%
BlueCHiP		75.6%	81.2%	73.3%	80.8%	2%
UnitedHealthcare -NE		78.5%	79.5%	79.1%	80.7%	1%
Blue Cross -MA			75.9%	78.0%	76.0%	0%
Benchmarks	Rhode Island	80.0%	81.6%	78.9%	80.2%	0%
	New England	75.3%	76.1%	77.5%	79.0%	2%
	United States	70.4%	72.6%	74.0%	75.1%	2%

This is a significant satisfaction measure in that it provides a composite score of overall satisfaction with all the healthcare services a member receives. In 2002, the statewide satisfaction with healthcare rate was essentially equivalent to the regional rate and 7% higher than the national rate.

**B. Ratings of Health Plan** are the percentages of members indicating overall satisfaction with the Health Plan itself (Table 24).

<sup>10</sup> CAHPS (Consumer Assessment of Health Plans) is a set of standardized surveys assessing patient satisfaction and is administered by the National Committee for Quality Assurance (NCQA).

**TABLE 24. Members' Satisfaction with Health Plan**

	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI		70.7%	73.5%	69.2%	72.3%	1%
BlueCHIP		59.2%	67.4%	61.2%	54.6%	-3%
UnitedHealthcare -NE		66.1%	70.7%	67.4%	66.9%	0%
Blue Cross -MA			73.9%	74.0%	72.0%	-1%
<b>Benchmarks</b>	<b>Rhode Island</b>	68.4%	72.1%	68.1%	69.2%	0%
	<b>New England</b>	57.8%	60.9%	64.9%	64.0%	3%
	<b>United States</b>	56.0%	59.1%	61.7%	61.3%	3%

This is another composite satisfaction measure looking at how members viewed the Health Plan itself. In 2002, the statewide satisfaction with Health Plan rate was 8% higher than the regional rate and 13% higher than the national rate, although this favorable spread has been shrinking from prior years. BlueCHIP was an outlier (on the low side), with a 2002 satisfaction rate of only 55%.

**C. 2002 Satisfaction Ratings by Race** are the 2002 statewide Minority and Non-Minority satisfaction rates for different aspects of care (Table 25). The value in these data is to illuminate any differences in satisfaction experienced by Minority members. Minority members are an aggregate of all racial and ethnic minority categories<sup>11</sup> in order to get larger sample sizes. Rates are presented on an aggregate, statewide basis, rather than a Plan by Plan basis, again to get larger sample sizes.

**TABLE 25. 2002 Satisfaction Rates by Race**

<i>with:</i>	<i>Doctor</i>	<i>Special-ist</i>	<i>Health Care</i>	<i>Health Plan</i>
<b>White Members<sup>1</sup></b>	<b>78%</b>	<b>80%</b>	<b>80%</b>	<b>69%</b>
<b>Minority Members<sup>2</sup></b>	<b>74%</b>	<b>74%</b>	<b>67%</b>	<b>70%</b>

<sup>1</sup> White AND Non-Hispanic

<sup>2</sup> Hispanic AND/OR racial minority (aggregated because of small samples)

In 2002, Minorities were as satisfied as Non-Minorities with their Health Plans and about as satisfied with their doctors. However, Minorities were 7% less satisfied than Non-Minorities with their specialists, and 16% less satisfied with their overall healthcare.

## **XI: Utilization Review**

Utilization Review (UR) is the process Health Plans use to determine if services to members are medically necessary. Most Health Plans will only pay for covered services if they are medically necessary.

This Section provides statistics for 'UR enrollees' of Health Plans. These enrollees are defined as Plan members who reside in RI and Plan members who reside elsewhere and receive their care in the state.<sup>12</sup>

<sup>11</sup> includes: African Americans, Asians, Native Indians, Pacific Islanders; and Hispanics

<sup>12</sup> Sections 1.23, 1.28, 1.32(b), 1.34, and 2.1 of the Rules & Regulations for the Utilization Review of Health Care Services (R23-17.12-1-UR)

### **A. Adverse Determinations**

Some Health Plans require members to get authorization for covered services before they will pay for them. If a review determines the service is not medically necessary, the Health Plan (or its UR agent) will deny the request (i.e., make an adverse determination). Such reviews may be conducted prospective to, concurrent with, or retrospective to a patient's hospital stay or course of treatment. Table 26 presents all adverse determinations rates (prospective, concurrent and retrospective) based on lack of medical necessity.

<b>TABLE 26. Adverse Determinations (per 1,000 UR enrollees)</b>						
<i>All Services:</i>	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI				4.3	3.7	-15%
BlueCHIP				4.6	5.5	18%
UnitedHealthcare -NE				8.5	6.9	-19%
Blue Cross -MA				2.8	2.3	-20%
<b>Rhode Island (totals)</b>				<b>5.1</b>	<b>4.4</b>	<b>-15%</b>

### **B. Overturned Appeals**

When a Health Plan (or its UR Agent) determines a covered service is not medically necessary and denies payment, a member may appeal that decision according to state law. When such an appeal is overturned, it means that the original decision to deny payment was reversed (i.e., the appeal was successful on the part of the member). Table 27 presents all overturned appeals rates (including level 1, level 2, and external appeals).

<b>TABLE 27. Overturned Appeals (per 1,000 UR enrollees)</b>						
<i>All Services:</i>	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI				1.5	2.4	65%
BlueCHIP				2.2	3.3	51%
UnitedHealthcare -NE				0.6	0.4	-36%
Blue Cross -MA				0.1	0.9	831%
<b>Rhode Island (totals)</b>				<b>1.3</b>	<b>2.1</b>	<b>60%</b>

### **C. Complaints**

Complaints<sup>13</sup> are contacts made by an enrollee (or their representative), whereby they express dissatisfaction with the quality of the health care the enrollee received, or with any other activity related to the management of the delivery of health care (does not include adverse determinations or appeals related to utilization review -Table 28).

<b>TABLE 28. Complaints (per 1,000 UR enrollees)</b>						
<i>All Services:</i>	1998	1999	2000	2001	2002	CAGR
Blue Cross & Blue Shield of RI				10.5	2.7	-74%
BlueCHIP				22.1	10.5	-53%
UnitedHealthcare -NE				3.0	2.5	-15%
Blue Cross -MA				0.5	37.7	6936%
<b>Rhode Island (totals)</b>				<b>9.0</b>	<b>5.8</b>	<b>-36%</b>

<sup>13</sup> Because complaints are self-reported by each Health Plan and HEALTH cannot confirm that they are reported consistently, caution should be used in comparing rates.



**APPENDIX. Additional Measures**

	1998	1999	2000	2001	2002	CAGR
<b>A1. Total Enrollment</b>						
Blue Cross & Blue Shield of RI	335,258	322,203	365,522	391,411	408,865	5%
BlueCHIP	35,886	49,843	75,519	71,432	72,170	19%
UnitedHealthcare -NE	174,186	139,497	147,111	116,176	96,721	-14%
Blue Cross -MA			767,436	893,736	871,960	7%
<b>A2. RI Enrollment as a Percentage of Total Enrollment</b>						
Blue Cross & Blue Shield of RI	88%	89%	88%	86%	82%	
BlueCHIP	91%	91%	92%	93%	93%	
UnitedHealthcare -NE	77%	77%	77%	73%	67%	
Blue Cross -MA			3%	3%	3%	
<b>A3. RI Gender Demographics</b>						
Blue Cross & Blue Shield of RI	Male	48%	49%	49%	49%	
	Female	52%	51%	51%	51%	
BlueCHIP	Male	50%	50%	50%	50%	
	Female	50%	50%	50%	50%	
UnitedHealthcare -NE	Male	49%	48%	48%	49%	
	Female	51%	52%	52%	51%	
Blue Cross -MA	Male		51%	51%	51%	
	Female		49%	49%	49%	
<b>A4. RI Age Demographics</b>						
Blue Cross & Blue Shield of RI	<20 years	27%	28%	29%	28%	
	20-44 years	35%	36%	39%	36%	
	45-64 years	28%	30%	30%	33%	
	65+ years	10%	6%	2%	3%	
BlueCHIP	<20 years	30%	29%	28%	28%	
	20-44 years	44%	43%	42%	41%	
	45-64 years	25%	26%	27%	28%	
	65+ years	2%	2%	3%	2%	
UnitedHealthcare -NE	<20 years	29%	28%	28%	27%	
	20-44 years	41%	40%	39%	39%	
	45-64 years	29%	30%	32%	33%	
	65+ years	1%	1%	2%	2%	
Blue Cross -MA	<20 years		30%	29%	29%	
	20-44 years		44%	45%	44%	
	45-64 years		25%	25%	26%	
	65+ years		1%	1%	1%	
<b>A5. Hospital Inpatient Expenses (per member per month)</b>						
Blue Cross & Blue Shield of RI	\$26.20	\$30.39	\$32.57	\$34.73	\$39.80	11%
BlueCHIP	\$29.62	\$34.73	\$28.40	\$24.99	\$31.79	2%
UnitedHealthcare -NE	\$29.97	\$28.68	\$31.53	\$35.42	\$32.86	2%
Blue Cross -MA			\$26.87	\$35.20	\$36.21	16%
Rhode Island <sup>1</sup>	\$27.54	\$30.42	\$31.57	\$33.62	\$37.60	8%
<b>A6. Physician Expenses (per member per month)</b>						
Blue Cross & Blue Shield of RI	\$50.01	\$54.57	\$62.28	\$68.95	\$73.23	10%
BlueCHIP	\$52.81	\$50.15	\$58.12	\$62.02	\$69.03	7%
UnitedHealthcare -NE	\$37.61	\$36.53	\$47.08	\$49.71	\$54.20	10%
Blue Cross -MA			\$71.69	\$51.48	\$58.68	-10%
Rhode Island <sup>1</sup>	\$46.60	\$49.70	\$58.81	\$63.97	\$69.35	10%
<b>A7. Other Professional Expenses (per member per month)</b>						
Blue Cross & Blue Shield of RI	\$1.99	\$1.63	\$1.48	\$1.38	\$1.30	-10%
BlueCHIP	\$24.61	\$25.02	\$27.43	\$31.00	\$37.16	11%
UnitedHealthcare -NE	\$0.12	\$0.11	\$0.11	\$0.09	\$0.15	6%
Blue Cross -MA			\$26.38	\$5.63	\$4.52	-59%
Rhode Island <sup>1</sup>	\$3.04	\$3.69	\$5.59	\$5.20	\$6.18	19%

## APPENDIX Cont. Additional Measures

	1998	1999	2000	2001	2002	CAGR
<b>A8. Pharmaceutical Expenses (per member per month)</b>						
Blue Cross & Blue Shield of RI	\$22.19	\$26.73	\$31.29	\$35.61	\$38.50	15%
BlueCHIP	\$17.36	\$16.35	\$20.22	\$25.45	\$27.12	12%
UnitedHealthcare -NE	\$16.88	\$19.87	\$21.40	\$27.35	\$30.55	16%
Blue Cross -MA			\$27.18	\$27.44	\$33.56	11%
Rhode Island <sup>1</sup>	\$20.30	\$23.97	\$27.52	\$32.51	\$35.64	15%
<b>A9. Substance Abuse Expenses (per member per month)</b>						
Blue Cross & Blue Shield of RI	\$0.57	\$0.54	\$0.40	\$0.79	\$1.10	18%
BlueCHIP	\$0.65	\$0.60	\$0.86	\$0.59	\$0.80	5%
UnitedHealthcare -NE	\$0.93	\$0.85	\$0.77	\$0.84	\$1.08	4%
Blue Cross -MA			\$1.15	\$1.24	\$1.60	18%
Rhode Island <sup>1</sup>	\$0.68	\$0.62	\$0.57	\$0.80	\$1.08	12%
<b>A10. Mental Health Expenses (per member per month)</b>						
Blue Cross & Blue Shield of RI	\$4.85	\$4.48	\$4.81	\$5.27	\$6.98	10%
BlueCHIP	\$2.38	\$4.03	\$4.74	\$4.80	\$6.08	26%
UnitedHealthcare -NE	\$5.74	\$5.62	\$5.59	\$6.39	\$8.22	9%
Blue Cross -MA			\$3.45	\$3.73	\$4.80	18%
Rhode Island <sup>1</sup>	\$4.93	\$4.71	\$4.92	\$5.31	\$6.90	9%
<b>A11. Health Education Expenses (per member per month)</b>						
Blue Cross & Blue Shield of RI	n/r	n/r	\$0.00	n/r	\$0.28	---
BlueCHIP	\$0.48	n/r	\$0.87	\$1.18	\$1.20	26%
UnitedHealthcare -NE	\$0.41	\$0.56	\$1.27	\$0.85	\$0.90	22%
Blue Cross -MA			\$0.38	\$0.39	\$0.63	28%
Rhode Island <sup>1</sup>	\$0.42	\$0.56	\$0.41	\$0.90	\$0.98	23%
<b>A12. Chlamydia Screening (% women 16-26 having test within the year)</b>						
Blue Cross & Blue Shield of RI			25.8%	25.7%	25.3%	-1%
BlueCHIP			25.8%	26.0%	29.8%	7%
UnitedHealthcare -NE			26.9%	23.2%	29.4%	5%
Blue Cross -MA			17.1%	32.1%	35.6%	44%
Benchmarks	Rhode Island <sup>1</sup>		25.7%	25.7%	27.0%	3%
	New England <sup>2</sup>		25.8%	25.1%	28.9%	6%
	United States <sup>2</sup>		21.3%	21.6%	25.4%	9%
<b>A13. Diabetes Care -HbA1c Tested (Diabetics age 18-75, receiving test)</b>						
Blue Cross & Blue Shield of RI				86.4%	84.7%	-2%
BlueCHIP				89.3%	89.8%	1%
UnitedHealthcare -NE				73.2%	81.8%	12%
Blue Cross -MA				87.6%	88.3%	1%
Benchmarks	Rhode Island <sup>1</sup>			84.6%	85.2%	1%
	New England <sup>2</sup>			85.7%	87.6%	2%
	United States <sup>2</sup>			81.5%	82.6%	1%
<b>A14. Beta Blocker Treatment (members 35+ discharged w/BB Rx)</b>						
Blue Cross & Blue Shield of RI		89.2%	89.2%	90.8%	97.7%	3%
BlueCHIP		80.0%	80.0%	96.1%	98.2%	7%
UnitedHealthcare -NE		93.3%	87.0%	85.2%	97.5%	1%
Blue Cross -MA			100.0%	97.0%	99.0%	-1%
Benchmarks	Rhode Island <sup>1</sup>		89.2%	87.9%	90.9%	3%
	New England <sup>2</sup>		91.2%	94.0%	95.8%	2%
	United States <sup>2</sup>		84.9%	89.3%	92.8%	3%

## APPENDIX Cont. Additional Measures

	1998	1999	2000	2001	2002	CAGR
<b>A15. Cholesterol Management</b> (members 18-75 discharged w/LDL <130mg/dL)						
Blue Cross & Blue Shield of RI		76.9%	75.9%	80.5%	79.1%	1%
BlueCHIIP		73.7%	82.3%	80.5%	82.7%	4%
UnitedHealthcare -NE		81.6%	77.1%	80.4%	80.0%	-1%
Blue Cross -MA			83.5%	82.2%	89.7%	4%
Benchmarks	Rhode Island <sup>1</sup>	77.7%	77.3%	80.6%	80.3%	1%
	New England <sup>2</sup>	76.3%	80.4%	82.0%	83.9%	3%
	United States <sup>2</sup>	69.6%	74.6%	77.4%	79.4%	4%
<b>A16. Postpartum Care</b> (% women delivering live w/postpartum visit in 21-56 days)						
Blue Cross & Blue Shield of RI			77.1%	77.1%	79.4%	1%
BlueCHIIP			77.1%	77.1%	84.1%	4%
UnitedHealthcare -NE			78.8%	81.7%	77.4%	-1%
Blue Cross -MA			87.5%	87.5%	87.8%	0%
Benchmarks	Rhode Island <sup>1</sup>		77.9%	78.4%	80.2%	1%
	New England <sup>2</sup>		80.6%	84.6%	82.5%	1%
	United States <sup>2</sup>		75.7%	78.7%	77.0%	1%
<b>A17. Well Child Visits</b> (members 3-6 w/a primary care visit in the year)						
Blue Cross & Blue Shield of RI			80.1%	80.7%	78.6%	-1%
BlueCHIIP			80.3%	79.7%	80.7%	0%
UnitedHealthcare -NE			79.8%	78.5%	80.4%	0%
Blue Cross -MA			84.4%	90.0%	91.3%	4%
Benchmarks	Rhode Island <sup>1</sup>		80.2%	80.7%	79.8%	0%
	New England <sup>2</sup>		73.6%	77.3%	79.2%	4%
	United States <sup>2</sup>		55.7%	59.7%	60.4%	4%
<b>A18. Adolescent Well-Care Visits</b> (members 12-21 w/a primary care visit in the year)						
Blue Cross & Blue Shield of RI			51.6%	53.7%	57.6%	6%
BlueCHIIP			53.0%	53.6%	54.8%	2%
UnitedHealthcare -NE			51.2%	52.6%	53.1%	2%
Blue Cross -MA			56.2%	63.7%	68.2%	10%
Benchmarks	Rhode Island <sup>1</sup>		51.9%	54.1%	57.2%	5%
	New England <sup>2</sup>		47.2%	49.9%	53.0%	6%
	United States <sup>2</sup>		31.6%	33.6%	35.8%	6%
<b>A19. Mental Health Access</b> (% of members receiving services w/in the year)						
Blue Cross & Blue Shield of RI	8.9%	8.3%	8.5%	9.0%	10.0%	3%
BlueCHIIP	6.0%	6.1%	6.9%	8.6%	8.3%	8%
UnitedHealthcare -NE	7.4%	7.3%	7.7%	7.6%	7.5%	0%
Blue Cross -MA			8.1%	9.0%	9.7%	9%
Benchmarks	Rhode Island <sup>1</sup>	8.3%	7.8%	8.1%	8.7%	3%
	New England <sup>2</sup>	6.4%	6.5%	7.1%	7.4%	6%
	United States <sup>2</sup>	4.3%	4.2%	4.7%	5.4%	5%
<b>A20. Members' Satisfaction with Doctor</b> (% 'satisfied')						
Blue Cross & Blue Shield of RI		83.0%	81.4%	82.5%	83.3%	0%
BlueCHIIP		76.5%	80.1%	77.4%	78.1%	1%
UnitedHealthcare -NE		80.9%	80.4%	79.5%	77.1%	-2%
Blue Cross -MA			74.4%	75.0%	73.0%	-1%
Benchmarks	Rhode Island <sup>1</sup>		81.8%	80.7%	80.9%	0%
	New England <sup>2</sup>		74.2%	75.2%	75.9%	0%
	United States <sup>2</sup>		72.7%	74.5%	75.0%	1%

APPENDIX Cont. Additional Measures						
	1998	1999	2000	2001	2002	CAGR
<b>A21. Members' Satisfaction with Specialist (% 'satisfied')</b>						
Blue Cross & Blue Shield of RI		85.2%	82.5%	80.4%	75.3%	-4%
BlueCHiP		80.6%	81.8%	81.3%	83.6%	1%
UnitedHealthcare -NE		80.5%	79.8%	85.6%	78.3%	-1%
Blue Cross -MA			78.8%	79.0%	78.0%	0%
Benchmarks	Rhode Island <sup>1</sup>	83.6%	81.7%	81.3%	77.0%	-3%
	New England <sup>2</sup>	77.4%	78.3%	80.7%	78.5%	0%
	United States <sup>2</sup>	75.1%	76.5%	76.9%	76.0%	0%
<b>A22. Member Satisfaction with Office Staff (% 'satisfied')</b>						
Blue Cross & Blue Shield of RI		94.9%	93.7%	93.1%	93.7%	0%
BlueCHiP		92.9%	93.0%	94.1%	93.6%	0%
UnitedHealthcare -NE		92.7%	93.7%	94.3%	93.5%	0%
Blue Cross -MA			93.9%	92.0%	94.0%	0%
Benchmarks	Rhode Island <sup>1</sup>	94.2%	93.6%	93.3%	93.7%	0%
	New England <sup>2</sup>	93.5%	93.1%	93.9%	94.1%	0%
	United States <sup>2</sup>	91.3%	91.5%	92.1%	92.1%	0%
<b>A23. Member Satisfaction with Customer Service (% 'satisfied')</b>						
Blue Cross & Blue Shield of RI		70.7%	67.7%	71.5%	74.5%	2%
BlueCHiP		67.9%	71.3%	71.1%	71.1%	2%
UnitedHealthcare -NE		70.4%	73.2%	62.8%	70.1%	0%
Blue Cross -MA			75.8%	74.0%	81.0%	3%
Benchmarks	Rhode Island <sup>1</sup>	70.3%	69.7%	70.2%	73.8%	2%
	New England <sup>2</sup>	64.2%	68.7%	69.8%	72.1%	4%
	United States <sup>2</sup>	63.8%	66.2%	66.5%	70.4%	3%
<b>A24. Member Satisfaction with Getting Care Quickly (% 'satisfied')</b>						
Blue Cross & Blue Shield of RI		83.6%	82.7%	83.0%	79.5%	-2%
BlueCHiP		83.4%	83.8%	80.4%	80.9%	-1%
UnitedHealthcare -NE		83.4%	83.8%	82.9%	78.2%	-2%
Blue Cross -MA			82.7%	83.0%	81.0%	-1%
Benchmarks	Rhode Island <sup>1</sup>	83.5%	83.1%	82.7%	79.6%	-2%
	New England <sup>2</sup>	83.1%	82.9%	84.0%	81.9%	-1%
	United States <sup>2</sup>	78.6%	78.8%	80.0%	77.6%	0%
<b>A25. Member Satisfaction with Getting Needed Care (% 'satisfied')</b>						
Blue Cross & Blue Shield of RI		89.9%	90.8%	91.4%	87.7%	-1%
BlueCHiP		79.8%	83.0%	82.2%	85.4%	2%
UnitedHealthcare -NE		83.6%	86.8%	83.4%	84.4%	0%
Blue Cross -MA			85.0%	83.0%	83.0%	-1%
Benchmarks	Rhode Island <sup>1</sup>	87.3%	88.7%	88.5%	86.7%	0%
	New England <sup>2</sup>	78.1%	79.6%	81.6%	81.5%	1%
	United States <sup>2</sup>	74.5%	76.1%	77.4%	76.9%	1%
<b>A26. Member Satisfaction with Doctors' Communication (% 'satisfied')</b>						
Blue Cross & Blue Shield of RI		92.8%	94.4%	92.0%	92.6%	0%
BlueCHiP		90.9%	92.6%	90.9%	93.0%	1%
UnitedHealthcare -NE		92.7%	92.4%	94.4%	92.5%	0%
Blue Cross -MA			91.8%	93.0%	93.0%	1%
Benchmarks	Rhode Island <sup>1</sup>	92.6%	93.6%	92.3%	92.7%	0%
	New England <sup>2</sup>	91.9%	91.9%	92.8%	93.0%	0%
	United States <sup>2</sup>	89.5%	90.2%	91.1%	91.0%	1%
<b>A27. 2002 Satisfaction Rates by Healthcare 'Use'</b>						
with:	Doctor	Special-ist	Health Care	Health Plan		
'Light' Healthcare Users <sup>3</sup>	78%	77%	80%	65%		
'Heavy' Healthcare Users <sup>4</sup>	79%	79%	79%	66%		

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

n/r not reported, information was required but not reported by the Plan

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)<sup>3</sup> Members indicating 1 or fewer healthcare visits per year<sup>4</sup> Members indicating 5 or more healthcare visits per year